

# Spinal Connection

#### **Spinal Connection**

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Spinal Connection is an official publication of the Arkansas Spinal Cord Commission. The Commission was established by Act 311 of 1975. On July 1, 2019, the Commission became a public health program under the Arkansas Department of Health as initiated by the Transformation and Efficiencies Act of 2019 (Act 910).

## From the Director ~ Terra Patrom

#### What Makes Our World Go 'Round

We depend on many things in life that - through time - change, make technological advances, or just plain 'ole stop being produced. Many 'buyouts' have happened in the past to padded bathroom equipment, wheelchair manufacturers, etc. We have become used to adapting to change as these situations happen every now and then. Think of it like cars. They make them; they change them; they evolve; and then just stop making them.

Such is the case for those that drive with alternative hand controls. In the Fall of 2018, we became aware of the SUDDEN CLOSURE of the manufacturer of the Wells-Engberg Hand Controls. They manufactured the very well-known and used CT-100 Hand Controls (along with other various styles of hand controls). One day they were open, the next day they were LITERALLY completely shut down. No notice of closure was provided to anyone. Mass chaos and panic ensued. We all know the ability to drive is a VERY important factor in many of our clients' independence. This definitely created a whirlwind to what makes our world go 'round!

The manufacturing of the product was one thing, but the fact they held the patent for the product was a larger issue. They no longer manufactured the product nor the parts. Therefore, we had to get a new game plan in place - QUICKLY! We scrambled

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1-855-767-6983 (FREE 24/7 Access) Help & Information for Arkansans with Spinal Cord Injury & Healthcare Providers

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for a bit through road blocks. In the end, we were able to come to a joint consensus on the product that was the most comparable to the CT100s from a statewide basis. This was a joint effort between hospitals that had the equipment/set-up for the hand-control evaluations, driving evaluators, and the vendors that install them, etc. By late summer of 2019, the new hand control systems were installed throughout the state at various evaluation locations.

We felt confident that the federal level of transportation and safety would understand this dilemma and allow for this change. But... another road block ensued and COVID-19 came - that's another story to this challenge! Several months went by where driving evaluation could not take place. A long story shortened, people with disabilities worked through the federal road block to reach an agreement where as long as the substitute product was of a similar style with the same exact functions, they would allow for the substitution without requesting a re-evaluation and approve the new hand control style. Definitely a WIN and a forehead wipe - Whew!!!

So, what does this mean for you or someone you know that uses hand controls to drive? The important thing to know is you will not be required to be re-evaluated for a new type of hand controls. The Sure-Grip (SG-4) Hand Controls 'meet' the similar style with the same exact function. Instead of having to get a new set of CT-100s (or CP-200s if that is what you are using), you can change to the Sure-Grips once your CT100s (that you currently have) are no longer functional.

#### **COVID-19 Vaccination Info**

As of Tuesday, March 30th, all Arkansans age 16+ are eligible to get a COVID-19 vaccine! Insurance is not required.

Vaccination information for Arkansans (redirects to ADH website): tinyurl.com/arvx21

#### Welcoming Our Newest Case Manager - Shannon O'Bryan

#### What is your background (school, career)?

I got my Associates in Criminal Justice and my Bachelor's in Rehabilitation Science at Arkansas Tech University. I graduated in May 2020.

#### What led you to this field of work?

I worked for Friendship Community Care for two years and loved helping people living with disabilities. It is such a fun and rewarding field to work in!

#### What is your experience as it relates to this position?

While working with Friendship Community Care, I got to work alongside adults living with disabilities. I learned a lot about different disabilities and how to treat people who are living with disabilities.



Where did you grow up? I grew up in Cabot, Arkansas! I graduated from Cabot High School in 2014!

#### Favorite place(s) you have visited?

I went on a cruise to Cozumel, Mexico and absolutely loved it. I would go back every summer if I could afford it!

#### What are your interests and/or hobbies outside of work?

Every weekend while growing up I would be at the local skating rink. I still enjoy roller skating every once in a while! I'm not as young as I once was but it is still a good way to stay active!

#### Do you have any favorite books/movies/plays?

One of my favorite books is The City of Ember! I read it while in high school and again while in college and it is still my favorite!

#### What do you feel passionate about? What are some causes you care about?

I feel passionate about making certain that people living with disabilities value themselves, believe in their abilities, and pursue their dreams.

#### Do you have any pets/animals? If so, tell us about them.

I do not currently have any pets but I grew up with dogs and plan to add a fur baby to my life very soon!

#### What is something you still have left to check off your bucket list?

I have a couple things I want to check off my bucket list, but sky diving is on the top of it! While working for Friendship Community Care, I met a client who loved sky diving! Ever since hearing about all of his stories, I have made it a goal to participate one day!

## Medication Management

**Medically Speaking** 

Thomas Kiser, MD

There are multiple medications used

to help manage the secondary complications of a spinal cord injury (SCI) and you need to weigh the benefits versus the risk of each medication with your treating physician at least yearly. As you review your medications be sure to include prescribed, over the counter (OTC) and alternative medications at each clinical visit. As your renal and liver function declines with aging a discussion should include lowering the dosages of your medication.

**Part 2** of "Medication Management" picks up from the previous Spinal Connection newsletter. Check out the <u>Winter 2021</u> newsletter if you missed Part 1.



#### Pain:

- Gabapentin and pregabalin are used very often for the neuropathic pain associated with SCI. They
  are effective at easing the pain but never totally eliminate it. They both have the side effects of
  dizziness and drowsiness and often can be customized to times of the day when the pain bothers
  you the most. They can be used long term, but to decrease the side effects use the lowest
  effective dose.
- 2. Non-steroidal anti-inflammatory drugs (NSAID) are used for acute inflammation and arthritis pain. You should avoid daily use if possible due to the risk of stomach ulcers, kidney, liver and cardiac risks. I prefer a pulsed use of NSAIDs to manage arthritis pain as it usually flares up with overuse of the joint or when a weather front comes through, then with time the pain usually subsides. I recommend taking a strong dose (Ibuprofen 600 mg 3x's a day or Naproxen 500mg 2x's a day with food to protect the stomach) for 3-5 days. Once the pain is better, stop it.
- 3. Narcotics can mitigate pain for a short period of time, but then you habituate to the medicine and the pain returns. To get pain relief you have to slowly increase the dose of the narcotic. Narcotics used for short periods for acute pain, surgical related pain, or infrequently for severe pain for a one-time dose can be helpful, but daily use is likely to be unsuccessful. Recent studies have shown when narcotics are used for acute pain longer than 4 days, there is a significant increase in the potential for addiction. I tell my patients "you can have pain on narcotics or you can have pain off narcotics." Due to the many side effects of narcotics, the patients who learn to manage their pain without narcotics, also tend to struggle less with pressure sores, constipation and lethargy.

4. Marijuana can be used to improve your ability to manage pain. I have talked with a few patients who are using marijuana who report that they are able to manage the pain better and have been able to decrease their narcotic dose. However, there are many unknown risks and marijuana has not been well studied. There is the risk of addiction, a decline in mental clarity, and an increased incidence of psychosis, as well as an increased heart rate and a decreased blood pressure. The other concern is that the appropriate dose and form of delivery has not been determined. There is no standardized dose as it can be taken in many forms and in many different concentrations. It can be smoked, eaten and applied topically and the present dose available on the market is much more potent than recreational marijuana used in the past.

#### Neurogenic bowel:

- A bisacodyl suppository to help bowels empty and the use of oral docusate have been used safely for years. Long term risks appear to be minimal.
- 2. Chronic laxative use in the form of stimulants such as senna, or oral bisacodyl can lead to chronic reliance on them for a bowel movement. I prefer to use osmotic laxatives such as magnesium, polyethylene glycol, sorbitol, or lactulose which do not affect the nerves associated with the gut and appear to be safer for long term use. The use of fiber supplements can be helpful but should be adjusted slowly to help with stool bulk and gut health and are better if added in food products.
- 3. Use of acid suppression over a long period of time with the use of either proton pump inhibitors (pantoprazole or omeprazole) or H2 blockers (famotidine) have been associated with B12 deficiency, osteoporosis and stomach cancer with long term use. I would recommend short term use for symptoms and not daily use.

This is a short list of common medications and their side effects, my hope is that by laying out the common benefits and risks, you will be better able to discuss your medications with your physician and recognize medication issues when they happen to you.

## Our sincere condolences to the friends and family of...

Christopher M. Hicks 03/06/20 Hans M. Hoerler 04/01/20 James F. Jenkins 05/16/20 Kenneth Kirtley 05/30/20 Brian A. Williams 07/06/20 Walter Holley 07/17/20 Alan Clark 07/28/20 Blaize M. Cortes-Laboy 08/15/20 Jerry West 08/21/20 James R. Harrison 10/11/20 Trella Chronister 10/12/20 Shirley Starling 10/22/20 Rose Marie McCranie 11/20/20 Wesley S. Patterson 12/03/20 Theoplas Williams 12/08/20 Tammy Mitchell 12/11/20 Ernest C. Vaughn 12/18/20 Kevin Cunningham 12/19/20 Karen J. Clay 12/20/20 Albert Clark 12/28/20 Thomas L. Withers 01/03/21 Richard J. Crews 01/21/21 Ben Jones III 01/25/21 Dale D. Jones 01/30/21 Michael A. Gottschall 02/03/21 Shirley A. Craney 02/11/21 Alicia Sanders 02/11/21 Dale Johnson 02/13/21 Neil Stevens 02/13/21 William J. Harner 02/19/21 Rocky W. Dempsey 03/02/21





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